

Personal Protection:

If you are outdoors, it is important to take precautions against all mosquito bites.

- To reduce your exposure to mosquitoes, wear long-sleeved shirts and pants.
- Place mosquito netting over infant carriers.
- Many mosquitoes are most active at dusk and dawn. Stay indoors when mosquitoes are actively biting.
- Install or repair window and door screens so mosquitoes cannot get indoors.
- Reduce the number of mosquitoes by emptying sources of standing water that are used for breeding.
- Repellents may be used to ward off mosquitoes. Always read and follow all label directions carefully.

For more information:

Dead Bird Reporting: 631-787-2200
Mosquito Complaints: 631-852-4270

Suffolk County Health Services:

<http://suffolkcountyny.gov/Departments/HealthServices/PublicHealth.aspx>

Suffolk County Public Works:

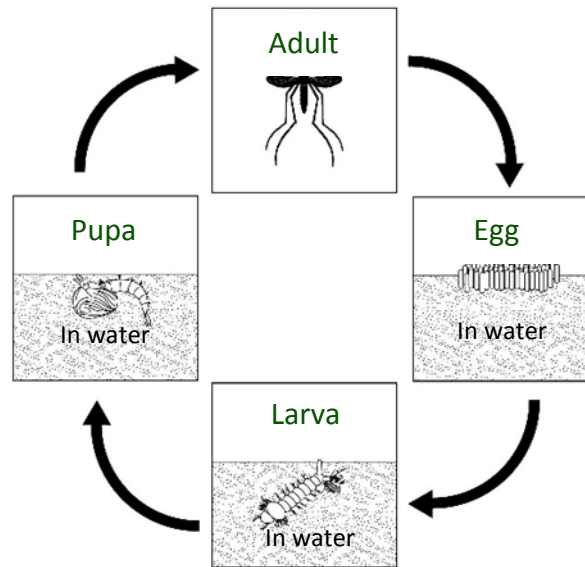
<http://suffolkcountyny.gov/Departments/PublicWorks/VectorControl.aspx>

Centers for Disease Control:

http://www.cdc.gov/ncidod/diseases/list_mosquitoborne.htm

New York State Health Department:

http://www.health.ny.gov/diseases/west_nile_virus/



Mosquito Life Cycle

NYC Dept. of Mental Health and Hygiene

Repellents

- CDC recommends that repellents containing DEET, oil of lemon eucalyptus, picaridin and, IR 3535 (Avon's Skin So Soft) can be applied to skin and/or clothing.
- Lower concentrations of DEET are preferable, especially for children.
- Repellents containing permethrin are applied to clothing only, and not on skin.

For more information, visit:

<http://www.cdc.gov/ncidod/dvbid/westnile/repellentupdates.htm>



Mosquitoes and Mosquito-Borne Diseases of Suffolk County, NY



Helpful Information for Suffolk County Residents



Mosquitoes

- Mosquitoes are flying insects that feed on human and animal blood, which the mosquitoes use for egg development.
- There are over 50 different species of mosquitoes in Suffolk County.
- The bite of a mosquito typically results in an itchy welt, but can occasionally transmit diseases such as **West Nile Encephalitis** and **Eastern Equine Encephalitis**.
- Many types of mosquitoes lay their eggs in water-filled containers around the house, such as flowerpots, children's toys, discarded tires, clogged gutters, etc.
- Some species will utilize freshwater habitats, such as wetlands, ponds, puddles and water-filled trees holes.
- Other species develop in salt-water habitats, such as salt-water marshes, and may be particularly troublesome in coastal areas.

West Nile Virus

- Mosquitoes become infected with West Nile virus when they feed on birds infected with West Nile virus (WNV).
- The main route of human infection of WNV is through the bite of an infected mosquito.
- When mosquitoes bite, the virus may be injected into human and animals, where it can multiply and possibly cause illness.



- Symptoms usually occur three to fourteen days after exposure.
- Mild cases of West Nile infection (West Nile Fever) may include a slight fever and head and body aches.
- Severe infections (West Nile encephalitis) may also include muscle weakness and may progress to encephalitis and meningitis.
- Persons over the age of 50 or those with compromised immune systems are at a higher risk of becoming seriously ill from West Nile Infection.

Eastern Equine Encephalitis Virus

Mosquitoes become infected with Eastern Equine Encephalitis Virus (EEEV) when they feed on birds infected with EEEV.

- The main route of human infection with EEEV is through the bite of an infected mosquito.
- EEEV can cause Eastern Equine Encephalitis (EEE).
- Although most people infected with EEEV have no symptoms, a few who contract the virus will develop encephalitis—inflammation of the brain.

- Eastern Equine Encephalitis (EEE) is a rare illness in humans; a few cases are reported in the U.S. each year.
- Severe cases of EEE begin with the sudden onset of headache, high fever, chills and vomiting. The illness can progress into disorientation, seizures, or coma.
- EEE is one of the most severe mosquito-transmitted diseases in the United States, with approximately 33 percent mortality and significant brain damage in most survivors.

Diagnosis and Treatment

- If you think you or a family member may have WNV or EEE, consult a health care provider as soon as possible.
- Preliminary diagnosis of WNV and EEEV is often based on the patient's symptoms, travel history and activities.
- Laboratory diagnosis is generally accomplished by testing blood or cerebrospinal fluid that covers the brain to check for virus-specific antibodies.
- No specific treatment is available. In severe cases, treatment consists of supportive care that often involves hospitalization, intravenous fluids, respiratory support, and prevention of secondary infections.
- Antibiotics and anti-viral drugs are not effective. There is no vaccine for WNV or EEE.